

2001 UNIFORM BUSINESS REPORT (UBR)

0013134 AF

DOCUMENT # L00000001743

1. Entity Name

27TH AVENUE STATION, LLC

FILED

01 JUL 16 AM 8:47

Principal Place of Business

Mailing Address

2664 N DIXIE HIGHWAY
WILTON MANORS FL 33334

2664 N DIXIE HIGHWAY
WILTON MANORS FL 33334

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 23910

P.O. Box 23910

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip
33307

Country

Zip

33307

Country

4. FEI Number

65-0999495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MORGAN, PHILIP J ESQ
200 EAST LAS OLAS BOULEVARD, SUITE #1800
FORT LAUDERDALE FL 33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sole member
Curtis Deem
P.O. Box 23910
FT. LAUDERDALE, FL 33307

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004488572-9
-07/20/01--01115--002
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-6-01

CR2E083 (11/00)